

FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 18 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005526 (6)
1. Corporation Name
PARADISE PLACE HOMEOWNERS ASSOCIATION INC.



Principal Place of Business 4110 SOUTH FLORIDA AVENUE LAKELAND FL 33813	Mailing Address 4110 SOUTH FLORIDA AVENUE LAKELAND FL 33813-1674
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3. Date Incorporated or Qualified 10/25/1996	3a. Date of Last Report
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2. Principal Place of Business 21 3838 S. Florida Ave. Suite, Apt. #, etc.	2a. Mailing Address 26 3838 S. Florida Ave. Suite, Apt. #, etc.
22 Suite #2 City & State	27 Suite #2 City & State
23 Lakeland, Fla. Zip Country	28 Lakeland, Fla. Zip Country
24 33813 25 Polk	29 33813 30 Polk

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ADAMS, D. JOEL
4110 SOUTH FLORIDA AVENUE
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name Adams, D. Joel
82 Street Address (P.O. Box Number is Not Acceptable) 3838 S. Florida Ave.
83 Suite #2
84 City Lakeland 85 Zip Code FL 33813

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	ADAMS, D. JOEL
STREET ADDRESS	4110 SOUTH FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	VPD <input type="checkbox"/> DELETE
NAME	ADAMS, ROBERT J
STREET ADDRESS	4110 SOUTH FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	STD <input type="checkbox"/> DELETE
NAME	WILLIAMS, LINDA
STREET ADDRESS	4110 SOUTH FLORIDA AVENUE
CITY - ST - ZIP	LAKELAND FL 33813
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	3838 S. Florida Ave. Suite #2
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	3838 S. Florida Ave. Suite #2
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3838 S. Florida Ave. Suite #2
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: _____ DATE: **4/9/97** DAYTIME PHONE: **941-619-7103**

CFR2037 (9/96)